

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 64

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**HAL ROGERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Edward Goldman**

A.

Mailing Address 6915 Queenferry Circle

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Doctor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 10 / 2014

Transaction ID : C-281-01u401

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Jeffrey B. Goldring**

B.

Mailing Address 6041 Laurel St.

City

New Orleans

State

LA

Zip Code

70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Magnolia MarketingOccupation  
Partner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 10 / 2014

Transaction ID : C-282-01tx01

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Robert Goodman**

C.

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 10 / 2014

Transaction ID : C-285-01us01

Amount of Each Receipt this Period

1400.00

Earmarked-&gt; NOR PAC rcvd.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2900.00